

INFORMAL PROBATE

3

Administering and Accounting as Personal Representative Before Closing the Estate

(Forms Packet)

SELF-SERVICE CENTER

**INFORMAL PROBATE
ADMINISTERING AND ACCOUNTING OF THE ESTATE
OF THE PERSON WHO DIED BEFORE CLOSING THE ESTATE**

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed the personal representative of the estate of a person who died; AND,
- ✓ The person had a Will or did not have a Will; AND,
- ✓ You want to transfer property (You must use this packet to transfer any real property); AND/OR
- ✓ File the final accounting of the estate of the person who died because you are ready to close the estate (You do not need to file a final accounting unless you want to do a formal closing which means you want the court to review your accounting, or there are some accounting issues that you want the court to resolve.)

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

SELF-SERVICE CENTER

INFORMAL PROBATE

Administering and Accounting Before Closing the Estate

Part 3: Forms

This packet contains court forms and instructions to file informal probate. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	PBIPF5k	Checklist: <i>You may use this packet if . . .</i>	1
2	PBIPF5ft	Table of Contents (this page)	1
3	PBIPF51f	<i>“Instrument or Deed of Distribution”</i>	2
4	PBIPF52f	<i>“Petition for Approval of Accounting”</i>	1
5	PBIPF53f	<i>“Form for Submission of Accounting”</i>	7
6	PBIPF54f	<i>“Fee Statement and Proof of Mailing”</i>	2
7	PBIPF55f	<i>“Court Order Regarding Petition for Approval of Accounting”</i>	2
8	PBIPF56f	<i>“Notice of Non-Appearance Hearing Regarding Final Accounting”</i>	1
9	PBIPF57f	<i>“Response to Court Accountant Report”</i>	1
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11	PBIPF59f	<i>“Proof of Notice of Hearing”</i>	2

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the Estate of:

Case Number: PB _____

INSTRUMENT OR DEED OF DISTRIBUTION

☐ an Adult ☐ a Minor, deceased

I was appointed Personal Representative of the Estate in this case on (date) _____ to distribute the property of the Estate as required by Title 14 of the Arizona Revised Statutes. I hereby assign, transfer and release all right, title and interest to the following property to the following person(s):

1. PERSONS TO WHOM PROPERTY FROM THE ESTATE WAS GIVEN and DESCRIPTION OF PROPERTY:

Name	Address	Legal Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. MONEY STILL OWED ON PROPERTY. Distribution of the property is subject to the following liability: (If this applies to your case, describe the property, the amount of money still owed on the property, why the property has not been paid for before or in connection with distribution and the closing of the estate, and arrangements that have been made to accommodate outstanding liability; otherwise, write "none")

Property Description: _____

Money Owed on Property: _____

Reasons Money Owed: _____

Arrangements to Pay: _____

Case No. _____

Property Description: _____

Money Owed on Property: _____

Reasons Money Owed: _____

Arrangements to Pay: _____

Property Description: _____

Money Owed on Property: _____

Reasons Money Owed: _____

Arrangements to Pay: _____

Personal Representative _____

Print name _____

STATE OF ARIZONA)
MARICOPA COUNTY) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, _____,
by _____, as Personal Representative of the Estate.

My Commission Expires:

Notary Public

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of:

Case Number: PB _____

PETITION FOR APPROVAL OF

☐ FINAL ACCOUNTING

AND/OR

☐ FEE STATEMENT

A Deceased Person

State of Arizona)
County of Maricopa) ss.

THE PETITIONER STATES UNDER OATH AS FOLLOWS:

INSTRUCTIONS: For approval of accounting, put a check mark in boxes 1, 2 and complete number 1:

1. ☐ This is the final accounting for this estate, and this accounting covers the period from _____ (date) to _____ (date).
2. ☐ Attached is a correct statement of all financial dealings I had as Personal Representative of the Estate. The summary of all financial transactions are fully described, itemized, and summarized on the attached pages. I request that the Court enter an order approving this final accounting. (Be sure to attach the accounting.)

INSTRUCTIONS: For approvals of fee statements, put a check mark in box number 3:

3. ☐ Attached is a copy of the Fee Statement for which I request approval too. (If you check this, attach the Fee Statement.)

SIGNED _____

Subscribed and sworn to before me this _____ day of _____, _____ by
Petitioner.

NOTARY PUBLIC: _____

My Commission Expires: _____

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY
PROBATE/MENTAL HEALTH DEPARTMENT**

**FORM FOR SUBMISSION OF FINAL ACCOUNTING
for Informal Probates**

IN THE MATTER OF THE ESTATE OF:

_____ Case No. PB _____

TODAY'S DATE: _____

INSTRUCTIONS. This form is provided for you to summarize the financial transactions. Accounting Guidelines are also included in this packet to help you complete this form. Attach this form to the Petition for Approval of the Final Account.

1. This is the final accounting for this estate. This accounting covers the time period from _____ (date) to _____ (date).
2. The current amount of the bond is _____. It should be increased to \$_____, or decreased to \$_____ to cover the unrestricted assets plus the unrestricted income.

ACCOUNT SUMMARY

INSTRUCTIONS: Complete Lists A-F first, then enter the total from each list on this summary.

A	The beginning balance of the Decedent's account from LIST A , page 3		\$	
B.	PLUS the money I received during this period of time on behalf of the Decedent (Person who Died) from LIST B , page 4	+	\$	
C.	PLUS the gains on the value of property I sold or otherwise disposed of and other adjustments as itemized in LIST C , page 5	+	\$	
D.	MINUS the money I have spent during this time period as itemized in LIST D , page 6	-	\$	
E.	MINUS the losses on the value of property I sold or otherwise disposed of and other reductions, as itemized in LIST E , page 7	-	\$	
F.	EQUALS the ending balance of the property of the Decedent as itemized in LIST F , page 8 (Total)	=	\$	

LIST A-- BEGINNING BALANCE

Itemization of assets of Decedent at the beginning of this account period
 (Add, as many sheets of paper as necessary to describe)

	Description	Value
List all checking accounts, savings accounts, money market accounts: (include name of bank, address, account type, name account is under, account number)		
List all stocks, bonds, mutual funds: (include company name, address, number of shares, value per unit)		
List all Life Insurance Policies: (include company name, policy number, cash value)		
List all personal property: Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value)		
List all real property:		

ENTER TOTAL FROM LIST A HERE AND ON PAGE 2, LINE A \$ _____

Note: If the estate owes debts on any of the property listed above, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

Case No. _____

LIST C-- SCHEDULE OF GAINS

Property of the Decedent that was sold or otherwise disposed of during this account period and other adjustments.

(Add, as many sheets of paper as necessary to describe)

[illegible]

Case No. _____

LIST D--MONEY SPENT

On behalf of the Decedent during this account period

(Add, as many sheets of paper as necessary to describe)

[illegible]

Case No. _____

LIST E--SCHEDULE OF LOSSES

**Losses on the value of property sold or otherwise disposed of,
and other reductions in the value of the estate during this account period**
(Add, as many sheets of paper as necessary to describe)

[illegible]

LIST F--VALUE OF THE DECEDENT'S PROPERTY AS OF THE END OF THIS ACCOUNT PERIOD

Itemization of assets of the Decedent at the end of this account period
(Add, as many sheets of paper as necessary to describe)

Description	Value
List all checking accounts, savings accounts, money market accounts: (include name of bank, address, account type, name account is under, account number)	
List all stocks, bonds, mutual funds: (include company name, address, number of shares, value per unit)	
List all Life Insurance Policies: (include company name, policy number, cash value)	
List all personal property: Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value)	
List all real property:	
<div style="display: flex; justify-content: space-between;"> <div>ENTER TOTAL FROM LIST F HERE AND ON PAGE 2, LINE F</div> <div>\$ _____</div> </div>	

Note: If the estate owes debts on any of the property listed above, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the:

Case Number: PB _____

FEE STATEMENT

AND PROOF OF MAILING

A Deceased Person

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, trips, and so forth.

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from _____ (date) to _____ (date):

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

NUMBER OF HOURS BILLED:

Total number of hours billed is _____ x \$ _____ per hour = \$ _____ **TOTAL CHARGE**

Case No. _____

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: _____

Your Signature: _____

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of:

Case Number: PB _____

A Deceased Person

ORDER REGARDING PETITION FOR APPROVAL OF FINAL ACCOUNTING and FEE STATEMENT (if applicable)

NOTICE: This is an important court order that could affect your legal rights. Read it carefully. If you do not understand it, consult an attorney for legal advice.

FINDINGS OF THE COURT:

- PETITION FILED.** A Petition for Approval of Final Accounting was filed by the Personal Representative of the Estate.
- NOTICE.** Notice of the Petition was ☐ given as required by law or ☐ waived by all interested persons or ☐ other: _____
- PETITION REVIEWED.** The Petition for Approval has been reviewed by the Court Accountant and by the Court.

IT IS ORDERED:

- ☐ The Accounting is approved as submitted

OR

- ☐ **The Accounting is approved but** with the following provisions: _____

OR

- ☐ **The Accounting is not** approved. The Personal Representative shall file with the court a written Response to the Court Accountant's Report, provide a copy of the Response to the Court Accountant and to all persons entitled to notice of the Final Accounting, and shall address each and every recommendation of the Court Accountant by _____ (date). If additional documentation or amended schedules are required by the Court Accountant, they shall be attached to the Personal Representative's Response. The Personal Representative shall include a self-addressed, stamped envelope to the Court Accountant with the Response. Failure of the Personal Representative to fully address the Court Accountant's recommendations will result in the court setting a hearing date at which time the Personal Representative will be required to appear in court to explain the accounting. The court may also order the Personal Representative to personally bear additional expenses incurred in resolving the accounting issues.

2. ☐ **The fee statement is approved** and fees are allowed in the amount of \$_____

OR

- ☐ **The fee statement is not approved** and the Personal Representative is ordered to do the following things: _____

DONE IN OPEN COURT: _____

JUDICIAL OFFICER OF THE SUPERIOR COURT

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of: _____

Case Number: PB _____

NOTICE OF NON APPEARANCE HEARING REGARDING FINAL ACCOUNTING

A Deceased Person.

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Personal Representative has filed with the Court the following Petition and other court papers (List the title of the Petition and the titles of all papers you filed with the court):

1. _____
2. _____
3. _____
4. _____
5. _____

2. **COURT HEARING.** A non-appearance court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE AND TIME: _____

PLACE: _____

JUDICIAL OFFICER: _____

3. **RESPONSE TO PETITION.** This is a non-appearance hearing. You do not need to come to the hearing unless you disagree with the Petition. If you want the judge to know why you disagree with the Petition, you should come to the hearing and state your objection. You can also file a written objection at least 10 days prior to the hearing.

DATED: _____
(Month/Day/Year)

Personal Representative's Signature

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of: _____

Case Number PB: _____

RESPONSE TO COURT ACCOUNTANT REPORT FINAL ACCOUNTING OF PERSONAL REPRESENTATIVE

A Deceased Person

State of Arizona)
County of Maricopa) ss.

I am the person responsible for submitting the accounting. I respond under oath to the court accountant report as follows: (Be sure to address each point raised by the court accountant or the judge in the Order. Attach an amended accounting and supporting documents, if required. Do not attach bond, bond riders, or proof of restricted account -- file these separately. Use additional paper if necessary.)

SIGNED: _____

Subscribed and sworn to before me this date: _____ by _____.
(Month/Day/Year)

My Commission Expires: _____ NOTARY PUBLIC: _____

Copy of the foregoing mailed this date: _____, to the following individuals at the following addresses:

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of:

Case Number: PB _____

A Deceased Person

WAIVER OF NOTICE OF HEARING ON PETITION FOR FINAL ACCOUNTING

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss

I state under oath as follows:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____

2. **RELATIONSHIP.** My relationship to the person who died and is named in the caption above is (explain):

3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

Signature

Subscribed and sworn to before me this date: _____, by _____

My Commission Expires:

Deputy Clerk/Notary Public

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)

Case Number: PB _____

PROOF OF NOTICE OF HEARING

A Deceased Person

STATE OF ARIZONA)
County of Maricopa) ss.

I state under oath the following:

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents. List specifically each court document you provided. Be sure you provided and you list the NOTICE OF HEARING:

1. _____
2. _____
3. _____
4. _____
5. _____

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents listed in Number 1 above. State the relationship between the person who died and the person you gave the copies to. (Use extra paper if necessary.)

- A. Name: _____
- B. Relationship to person: _____
- C. Date I gave the documents: _____
- D. How I gave the documents -- check at least one box and complete the information:
- ☐ Personal service (File affidavit of acceptance or of process server or sheriff)
- ☐ 1st class mail, postage prepaid
- ☐ Certified mail
- ☐ Registered mail (attach green card to this paper)
- ☐ Hand delivery by (name) _____

Case No. _____

- A. Name: _____
B. Relationship to person: _____
C. Date I gave the documents: _____
D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File affidavit of acceptance or of process server or sheriff)
☐ 1st class mail, postage prepaid
☐ Certified mail
☐ Registered mail (attach green card to this paper)
☐ Hand delivery by (name) _____

- A. Name: _____
B. Relationship to person: _____
C. Date I gave the documents: _____
D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File affidavit of acceptance or of process server or sheriff)
☐ 1st class mail, postage prepaid
☐ Certified mail
☐ Registered mail (attach green card to this paper)
☐ Hand delivery by (name) _____

- A. Name: _____
B. Relationship to person: _____
C. Date I gave the documents: _____
D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File affidavit of acceptance or of process server or sheriff)
☐ 1st class mail, postage prepaid
☐ Certified mail
☐ Registered mail (attach green card to this paper)
☐ Hand delivery by (name) _____

Petitioner's Signature: _____

SUBSCRIBED AND SWORN to before me this date: _____ by _____
(Month/Day/Year)

My Commission Expires: _____ Notary Public: _____